

Registration
Pick up

June 28th

1 PM

July 2nd

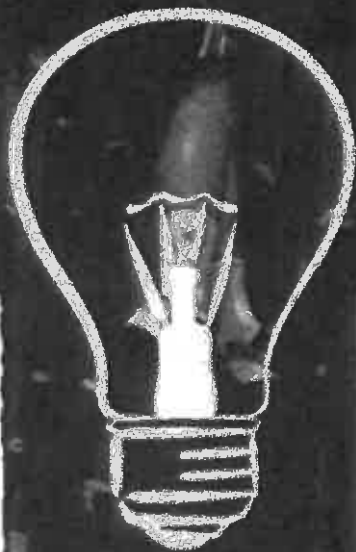


GRACE POINT INFORMATION:

All Camp forms are due to Pastor Ryan by **Wed., May 22**. Make checks payable to Grace Point for \$175.

After May 22, please send camp registration, cashier's check or money order for \$200 directly to Andrew Miller*. Make cashier's check/money order payable to NEI/NYI, and email Pastor Ryan (rwright@gpnaz.org) notifying him that you are attending camp.

*Andrew Miller, 1515 Clark Ave.,
Bluffton, IN 46714



June 28th - July 2nd

SHINE

Senior High Camp

PLEASE FILL OUT REVERSE SIDE



EVENTS
UNDER
THE
LIGHTS



CAMP SPEAKER
JOSH PARKER

SENIOR HIGH CAMP CAMPER REGISTRATION FORM

(Please Print)

STUDENT INFORMATION

Student's last name:	First:	Middle:	Gender Born: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: / /			
Street Address:	Phone Number: ()		Last Grade Completed: 9 10 11 12				
P.O. box:	City:	State:	ZIP Code:				
Church Name:	Do you regularly attend your local church? <input type="checkbox"/> Yes <input type="checkbox"/> No		Roommate Preference:				
Shirt Size (circle one):	S	M	L	XL	2XL	3XL	(Adult sizes)

EMERGENCY & INSURANCE INFORMATION

Parent/Guardian Name:	Home Phone Number: ()	Work Phone Number: ()
Address (if different from student):	Cell Phone Number: ()	
Does the student have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Insurance Company:	Group #:	Policy #:
Family Doctor:	Doctor's Phone Number: ()	

HEALTH HISTORY

Any pre-existing or present medical conditions:

Name and dosage of any medications that must be taken: (ALL MEDICATIONS MUST BE IN PRESCRIBED BOTTLE WITH DOSAGE INSTRUCTIONS ATTACHED)

List all allergies:

List all medical allergies:

All campers are expected to participate, not spectate, in the activities provided for them while at camp. If your child has a medical illness or injury that would hinder them from participating in any activities, please send us the necessary information to avoid further issues.

I, the parent or guardian of _____ do authorize the camp medic, any doctor and/or hospital to administer medical treatment to my child. I authorize the use of any picture or video of my child in the reproduction of camp advertisements, productions, or other uses of the District NYI council and/or Shiloh Park Conference Center. I allow my child to participate in any activity that may be off the campgrounds. I hereby release Shiloh Park, Northeastern Indiana District, Nazarene Denomination, directors, staff and counselors from any and all liability for injury, loss, health, risk, damage, or death to person or property that may occur during the course of my child's involvement including but not limited to accidents and emergencies. I also agree to pick my child up from camp upon being notified by the camp director(s) that he/she has violated camp rules and has become a serious disciplinary problem.

NEI-NYI (Northeastern Indiana Nazarene Youth International) is regulating the use of electronic devices to enhance safety, limit distractions, and promote spiritual development. Electronics such as cell phones, cameras, music players, and gaming devices are only permitted for use during allotted times, which are to be set by the director/coordinator of each event. NEI-NYI will not be responsible for any lost, stolen, or damaged devices. At any point, NEI-NYI leadership reserves the right to confiscate any electronic device if leadership determines the device is being misused, causing distraction, or used excessively. Item(s) will be stored in a safe location and returned at the conclusion of the event. Use of photographic devices in restrooms and living quarters are forbidden and failure to comply will result in indefinite suspension from ALL district NEI-NYI related events pending review by the District NYI President, the event/director coordinator, and any other parties deemed necessary by the District NYI President. On the occasion that any electronic device is used, resulting in the violation of a person's privacy or the capturing of pornographic images (with or without intent), parents will be notified and authorities will be contacted to handle the investigation. This policy is to ensure the safety and protection of our students, leaders, and organization to the best of our abilities.

I have read, understand, and agree to abide by the above statements and guidelines while agreeing to follow **ALL** rules while at Senior High Church Camp.

Student's Signature

Date

Parent/Guardian's Signature

Date